

Testimony: Craig Magnatta, D.O., Past-President, Michigan Osteopathic Association

Mr. Chairman, members of the committee, thank you for allowing me to testify before you today. The issue of patient access to quality health care, especially preventative primary care, is an often overlooked, but extremely important issue for Michigan's future and for our citizens.

As you have heard, we already face a shortage of health care providers in Michigan. With new federal reforms still being implemented and a population that continues to age, stresses on our current system are high and will only get higher. An already difficult scenario can only get worse unless we remove the barriers that exist so that we may streamline care.

As a past president of the Michigan Osteopathic Association and the MOA's representative to the Michigan Primary Care Consortium, I am pleased that MOA worked with the Michigan State Medical Society and the Michigan Academy of Physicians Assistants to address this issue.

As you have already heard, last fall, the groups met and agreed on two important points that I believe bear repeating:

1. The most efficient and patient-positive approach to health care is a team led by a physician assisted by a mid-level provider.
2. It is essential that we remove current barriers so that medical teams can efficiently, effectively and safely care for patients in an environment that encourages collaboration and sharing of information.

I'm here today to ask for your support of Senate bill 384, introduced May 17 by Senator Jim Marleau. Sen. Marleau's bill is aimed directly at addressing these issues and removing the barriers you've heard about today.

Specifically,

- Removing restrictions on time and frequency of PAs making calls or rounds on patients will allow the physician to rely more on the physician assistant for general routine patient checks, leaving more time to spend with patients who may require more time or attention, streamlining care for everyone.
- Allowing physicians assistants to prescribe schedule II drugs and sign forms requiring physician signatures will reduce wait times for patients and improve office efficiency. All prescriptions will be monitored by the lead physician and each patient's records will be maintained and reviewed by all parties to ensure proper sharing of information.

- Allowing PAs to order restraints for patients who need them is an obvious change that is long overdue. The safety of the patients and those caring for them are important considerations. Nearly any physician, nurse or PA who has worked in an emergency room can probably tell you multiple stories of unruly patients who required restraints. Forcing health care teams to wait for a physician's approval only endangers everyone involved.
- Including the PA's name along with the supervising physician's on individual prescriptions helps the patient and pharmacists know better who is part of his or her health care team so that when care questions arise, more options are available for answers, improving access for all.

It is especially important to remind you that this model of health care relies on the expertise of a physician to direct care. It is not intended to relieve the physician of the responsibility for care for his or her patients, but merely allows the physician to direct attention where it might be needed most by utilizing trained medical professionals to help with more routine and general care.

Please join me in supporting Senate Bill 384 and help physicians and physicians assistants provide better, more efficient and more convenient care to our patients.

Thank you.